

**RECEIVED**

CITY OF GROVE CITY
4035 Broadway
Grove City, Ohio 43123
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www.ci.grove-city.oh.us

JUN 07 2010

GC PLANNING COMMISSION

DEVELOPMENT PLAN
APPLICATION
FEE \$300.00

Date Submitted 6-7-10

PROJECT INFORMATION			
PROJECT NAME <u>LOVE CHIROPRACTIC CARE INC. dba SOUTHWEST CHIROPRACTIC</u>			
PROPERTY LOCATION/ADDRESS <u>LOT 9, JEN ARL ESTATES, THOVETZ RD</u>			
PARCEL TAX ID # <u>040-010163</u>			
EXISTING ZONING <u>PSO</u>		PROPOSED ZONING <u>PSO</u>	
PROPERTY OWNER(S) <u>DR. CHRISTOPHER LOVE D.C.</u>			
MAILING ADDRESS <u>3009 COLUMBUS ST. GROVE CITY, OH. 43123</u>			
DAYTIME TELEPHONE <u>614 271-2400</u>		FAX NUMBER <u>614 271-2891</u>	
		E-MAIL <u>JRCMX@LOVECYAHO.COM</u>	

APPLICANT/AGENT		
NAME OF APPLICANT <u>THOMAS W. COFFEY ARCHITECTURE & DESIGN, LLC.</u>		
MAILING ADDRESS <u>365 SHALE RIDGE CT.</u>		
DAYTIME TELEPHONE <u>614 562-2213</u>	FAX NUMBER <u>614 562-2011</u>	E-MAIL <u>T@COFFEYARCHITECTURE.COM</u>
DESIGNATED CONTACT PERSON <u>THOMAS W. COFFEY, AIA</u>		DAYTIME TELEPHONE <u>614 562-2213</u>

I, THOMAS W. COFFEY, AIA, the applicant or the applicant's duly authorized agent, have read and understand the contents of this submittal. The information contained, including attached exhibits, is complete and true/correct, to the best of my knowledge. A completed checklist and required checklist items accompanies this application.

Site visits to the property may be necessary by City representatives. The Owner/Applicant hereby authorizes representatives to visit and/or photograph the property described in this application.

Signature of Applicant [Signature] Date 6-7-10

Signature of Owner [Signature] Date 6-7-10

FOR OFFICE USE ONLY			
DATE RECEIVED <u>6-7-10</u>	PAYMENT RECEIVED/AMOUNT <u>300</u>	RECEIVED BY <u>Jen</u>	CHECK # <u>1160</u>
DATE SCHEDULED FOR PC <u>7-13-10</u>	APPROVED PLAN ATTACHED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		TEXT INCLUDED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
PROJECT ID # <u>201006070027</u>		PLANNING COMMISSION ACTION APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/>	